MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8	1							58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15	1							65						
16		1						66.						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21								71						
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40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3	←		←		←		TOTAL IND.		←		←		←
TOTAL DEP.	17							TOTAL DEP.						
TOTAL CLAIMS	20							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS